

0941.65687

AUG 04 2004

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

PATENT APPLICATION

Applicant: Kataoka et al.  
 Serial No. 09/903,010  
 Filed: July 11, 2001  
 Conf. No.: 9056  
 For: LIQUID CRYSTAL DISPLAY  
 DEVICE AND METHOD FOR  
 FABRICATING THE SAME  
 Art Unit: 2826  
 Examiner: Sefer, Ahmed N.

I hereby certify that this paper is being deposited with the United States Postal Service as FIRST-CLASS mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on this date.

August 2, 2004

Date

F-CLASS.WCM

Appr. February 20, 1998

Registration No. 41,895  
 Attorney for Applicant

### PETITION FOR EXTENSION OF TIME

Applicant hereby petitions under 37 C.F.R. 1.136(a) for an extension of time for response in the above-identified application for the period required to make the attached response timely.

Extension fee for response within first month:

( ) By a small entity (1.9(f))..... \$ 55.00  
 (X) By other than a small entity ..... \$ 110.00

Extension fee for response within second month:

( ) By a small entity (1.9(f))..... \$ 210.00  
 ( ) By other than a small entity ..... \$ 420.00

Extension fee for response within third month:

( ) By a small entity (1.9(f))..... \$ 475.00  
 ( ) By other than a small entity ..... \$ 950.00

Extension fee for response within fourth month:

( ) By a small entity (1.9(f))..... \$ 740.00  
 ( ) By other than a small entity ..... \$ 1,480.00

Extension fee for response within fifth month:

( ) By a small entity (1.9(f))..... \$ 1,005.00  
 ( ) By other than a small entity ..... \$ 2,010.00

(X) A check in the amount of \$110.00 is enclosed.

(X) The Commissioner is hereby authorized to charge any additional fees which may be required to this petition, or credit any overpayment to Deposit Account No. 07-2069. Should no proper amount be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 07-2069. A duplicate copy of this sheet is enclosed.

08/17/2004 AFORD1

01 FC:1252

310

08/05/2004 MHEKONEN

00000001 09/03/01

01 FC:1251

02 FC:1886

110.00 DP

180.00 DP

300 South Wacker Drive - Suite 2500

Chicago, Illinois 60606

Telephone: (312) 360-0080

Facsimile: (312) 360-9315

Customer Number 24978

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Respectfully submitted,

GREER, BURNS &amp; CRAIN, LTD.

By:

B. Joe Kim

Registration No. 41,895

# BEST AVAILABLE COPY

# PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

09903010

## CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS		
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	74 minus 20 =	54
INDEPENDENT CLAIMS	6 minus 3 =	3
MULTIPLE DEPENDENT CLAIM PRESENT	<input type="checkbox"/>	

\* If the difference in column 1 is less than zero, enter "0" in column 2

## CLAIMS AS AMENDED - PART II

9-15-03

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	69	24	=
Independent	5	6	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM	<input type="checkbox"/>		

SMALL ENTITY TYPE ☐

OR OTHER THAN SMALL ENTITY

RATE	FEE		RATE	FEE
BASIC FEE	355.00	OR	BASIC FEE	710.00
X\$ 9=		OR	X\$18=	972
X40=		OR	X80=	240
+135=		OR	+270=	
TOTAL		OR	TOTAL	1922

SMALL ENTITY

OR OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=	
X42		OR	X84	
+142		OR	+280=	
TOTAL		OR	TOTAL	
ADDIT. FEE		OR	ADDIT. FEE	

12-4-03

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	17	24	=
Independent	1	6	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM	<input type="checkbox"/>		

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=	
X48=		OR	X84=	
+140=		OR	+280=	
TOTAL		OR	TOTAL	
ADDIT. FEE		OR	ADDIT. FEE	

3-4-04

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	17	24	=
Independent	1	6	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM	<input type="checkbox"/>		

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=	
X48=		OR	X80=	
+145=		OR	+270=	
TOTAL		OR	TOTAL	
ADDIT. FEE		OR	ADDIT. FEE	

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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